

JC20 Rec'd PCT/PTO 30 JUN 2005

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	<u>METHODS FOR THE PREPARATION OF</u> <u>DHEA DERIVATIVES</u>
Attorney Docket Number::	0502-1029
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: FRANCE  
 Status:: Full Capacity  
 Given Name:: PIERRE  
 Middle Name::  
 Family Name:: SIMON  
 Name Suffix::  
 City of Residence:: ORLEANS  
 State or Province of  
 Residence::  
 Country of Residence:: FRANCE  
 Street of Mailing 42, RUE ALEXANDRE DUMAS  
 Address::  
 City of Mailing Address:: ORLEANS  
 State or Province of Mailing Address::  
 Country of Mailing Address:: FRANCE  
 Postal or Zip Code of Mailing Address:: F-45100

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: FRANCE  
 Status:: Full Capacity  
 Given Name:: CHRISTOPHE  
 Middle Name::  
 Family Name:: CLEMENT  
 Name Suffix::  
 City of Residence:: CLERY SAINT ANDRE  
 State or Province of  
 Residence::  
 Country of Residence:: FRANCE  
 Street of Mailing 15, RUE DU VILLAGE  
 Address::  
 City of Mailing Address:: CLERY SAINT ANDRE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45370

**Correspondence Information**

Correspondence Customer

00466

Number::

**Representative Information**

Representative Customer

00466

Number::

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR04/00029	1/8/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03/00179	1/8/03	Yes

**Assignment Information**

Assignee Name::

KOMORI-CHAMBON SA

Street of Mailing

6, RUE AUGUSTE RODIN

Address::

City of Mailing Address::

ORLEANS

State or Province of Mailing Address::

Country of Mailing Address::

FRANCE

Postal or Zip Code of Mailing Address:: F-45060